

<div style="display: flex; justify-content: space-between;"> <div> <b>MULTIPLE DEPENDENT CLAIM</b>  <b>FEE CALCULATION SHEET</b>  <small>(FOR USE WITH FORM PTO-875)</small> </div> <div> SERIAL NO. <b>09/90492</b>  FILING DATE _____  APPLICANT(S) _____ </div> </div>												
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		
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